

STORY COUNTY ATTORNEY'S OFFICE
FINES RECOVERY & LICENSE REINSTATEMENT PROGRAMS
FINANCIAL AFFIDAVIT

Name (Print Clearly): _____ DL# _____

Address: _____

Street Apt# City State Zip

Phone (include area code): _____

Home Work Cell

Personal Reference: _____

Relationship Name Address Phone

Personal Reference: _____

Relationship Name Address Phone

Do you have a job? ☐ Yes ☐ No How many hours /week do you work? _____

Employer Name: _____

Employer Address: _____

Street City State Zip

How long have you worked at present job? _____ How much do you earn monthly? _____

List any other source(s) of income: _____ Amount: _____

Does anyone help pay monthly expenses? ☐ Yes ☐ No If so, who? _____

Number of dependants: _____ Do you pay child support? ☐ Yes ☐ No Amt: _____

Do you rent or own property? ☐ Rent ☐ Own What is your monthly payment? _____

Do you have bank accounts? ☐ yes ☐ no Name of Financial Institution: _____

Do you have a vehicle? (make/model/year) _____

List any assets, i.e. cash, real estate, other: _____

Total amount of monthly expenses: (*itemize*) _____

Do you have pending criminal charges? ☐ Yes ☐ No Total fines owed: _____

Are you on probation? ☐ yes ☐ no If yes what agency? _____ Officer name: _____

Were you granted a deferred judgment? ☐ yes ☐ no

I CERTIFY UNDER PENALTY OF PURJURY THAT THE STATEMENTS I MAKE ON THIS FINANCIAL AFFIDAVIT ARE TRUE AND CORRECT.

Date: _____ Signature: _____

DOB: _____ Social Security No: _____

State of _____; **County of** _____ }ss:

This instrument was acknowledged before me by _____ (defendant) on the ____ day of _____, 20__.

Notary Public – State of _____